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UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 2556

<b>SERIAL NUMBER</b> 10/056,411	<b>FILING DATE</b> 01/25/2002 <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2643	<b>ATTORNEY DOCKET NO.</b> 00-1718.03/US/2	
<b>APPLICANTS</b> ✓ Terry S. Ryan, Grant, AL; ✓ Randel W. Henry, Huntsville, AL;					
<b>** CONTINUING DATA *****</b> ✓ THIS APPLN CLAIMS BENEFIT OF 60/264,242 01/26/2001 <i>Yes JHC</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>None JHC</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/25/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> AL	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 3
Verified and Acknowledged Examiner's Signature <i>JHC</i> Initials					
<b>ADDRESS</b> 021491					
<b>TITLE</b> System and method for supporting multiple call centers					
<b>FILING FEE RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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## \*BIBDATASHEET\*

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## APPLICANTS

Terry S. Ryan, Grant, AL;

Randel W. Henry, Huntsville, AL;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/264,242 01/26/2001

*Yes WFC*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none WFC*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/25/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>WFC</i> Initials	AL	4	6	3

## ADDRESS

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LANIER FORD SHAVER & PAYNE  
P O-BOX 2087  
HUNTSVILLE, AL  
35804

## TITLE

System and method for supporting multiple call centers

FILING FEE  RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit